POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*Mr*	*GMP*	7/29/00
O.I.P.E. CLASSIFIER		*42*	4/3/00
FORMALITY REVIEW	YC	75017	6-2-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	.... Interference
—	(Through numeral)... Canceled		A	.... Appeal
÷	.... Restricted		O	.... Objected

Claim			Date									
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If more than 150 claims or 10 actions
staple additional sheet here

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